New Jersey Department of Environmental Protection Division of Solid and Hazardous Waste Solid and Hazardous Waste Regulation Element PO Box 414, Trenton, NJ 08625-0414

## INSTRUCTIONS FOR COMPLETING SOLID AND MEDICAL WASTE TRANSPORTER REGISTRATION APPLICATION (INITIAL)

Please Note: THIS INITIAL APPLICATION CANNOT BE PROCESSED WITHOUT A FACE-TO-FACE INTERVIEW AND COMPLETION OF OTHER REQUIRED FORMS. PLEASE CALL (609) 292-7081 TO SCHEDULE YOUR APPOINTMENT OR TO FIND OUT IF YOUR COUNTY CONDUCTS NJDEP INTERVIEWS.

REGISTRATION PERIOD - Biennial: July 1 to June 30 - Expiring in Odd Year

SECTION A. This section must be fully completed. YOU MUST BE IN COMPLIANCE WITH

N.J.A.C. 7:26:16 BEFORE SUBMITTING YOUR APPLICATION.

**SECTION B.** REGISTRATION FEE CALCULATION

Complete the calculation to determine your fee. Enter the number of units to be registered with total fee. Make check or money order payable to "TREASURER, STATE OF NEW JERSEY". Cash is NOT accepted.

The application must be signed and dated by a "RESPONSIBLE OFFICIAL". For Corporations - all corporate officers; for Limited Partnerships - all partners; for Sole Proprietorships - the Proprietor; for Municipal, State, Federal or Public Agencies - all executive officers or ranking elected officials are acceptable.

**SECTION C.** This section list waste type circle **all** applicable.

**SECTION D.** List information for vehicles you wish to register. Record the FULL vehicle identification

number (VIN); print the proper two (2) letter State abbreviation; print the license plate number and the appropriate vehicle type (M,T,C,S,) Attach additional sheets for more vehicles using the same format. A readable copy of each motor vehicle registration

must be included in your application package.

**SECTION E.** If your vehicles are parked at a different address from your mailing address listed in

Section A or your mailing address is listed as a PO BOX # in Section A, you must

write the vehicle location address(es) in Section E.

IMPORTANT: You must enter the complete VIN (vehicle Identification number).

DECALS WILL NOT BE ISSUED FOR INCOMPLETE NUMBERS.

IF YOU HAVE ANY QUESTIONS OR REQUIRE ASSISTANCE CALL THE BUREAU AT (609) 292-7081.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF SOLID & HAZARDOUS WASTE
Solid & Hazardous Waste Regulation Flement

Solid & Hazardous Waste Regulation Element PO Box 414, Trenton, NJ 08625-0414

**SOLID & MEDICAL WASTE - TRANSPORTER REGISTRATION APPLICATION (INITIAL)** 

	Department of Environmental Protection No. (Office Use Only)						
SECTION A	1. Have you ever been assigned a NJDEF	No. previously?	Yes □ No □	If "Yes" indicate No.			
	2. Certificate of Public Convenience and N	lecessity Number	sw	(if applicat	ole)		
	Applicant's Area Code and Telephone      Name of Person	Number	_     -	-			
	Providing Information: Last			First	Init		
	5. Company or Trade Name						
	6. Street Address or Box No.						
	7. City			State Zip C	Code		
	8. County 9. Type of Organization: (Circle One) Proprietor Partnership Corporation LLC Municipality Homeowner County State Gov. Authority Federal Gov. Other:						
	10. Corporation, Partnership, LLC, or	Trade Name Data	· · · · · · · · · · · ·				
	a. Registered in State of	County of					
	b. Date of Incorporation						
	11. Person having prime administrative aut	nority:					
	a. Name: Last		First		Init.		
	b. Area Code and Telephone Number		-       -				
	12. Applicant's Federal Employer ID (if applicable)						
	13. The application is solely for the collection, transportation, or disposal of solid waste exempt from requirements at N.J.A.C. 7:26-16 (i.e. applicant is applying for an <u>A-901 exempt NJDEP Number</u> ). □ Yes □ No						
	14. Do you intend to transport regulated				NO		
	VEHICLE TYPE	<u>NO</u> .	BIENNIAL-2 YEAR	FEE	<u>TOTAL</u>		
	Solid Waste Cab (M)		X \$40	=			
	Solid Waste Trailer (T)		X \$60	=			
	Solid Waste Container (C)	<del></del>	X \$60	=			
SECTION B	Solid Waste Single-Unit Vehicle (S) TOTAL AMOUNT DUE	<del></del>	X \$100	=			
	Fees must be submitted by check or money order payable to: "TREASURER, STATE OF NEW JERSEY" \$						
	REGULATED MEDICAL WASTE TRANSPORTER FEE - \$7,900 (separate check)  EXEMPT MEDICAL WASTE TRANSPORTER FEE - \$ 1,300 (separate check)  Exempt Radiopharmaceutical Waste Transporter \$400 (separate check)						
	BE SURE TO ALSO FILL OUT SECTIONS C and D.  N.J.A.C. 7:26-3.2(a) 3 requires the registration statement to be signed by the person engaged in or desiring to engage in the collection and/or haulage of solid waste.						
	THIS IS TO CERTIFY THAT THE INFORMATION CONTAINED IN AND ATTACHED TO THIS APPLICATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.						

SECT	<ul><li>12. Dry Sewage Sludge</li><li>13. Bulky Waste (Includes Construction and Demolition)</li><li>23. Vegetative Waste</li><li>25. Animal and Food Processing Wastes</li></ul>	<ul><li>72. Bulk Liquids and Semi Liquids</li><li>73. Septic Tank Clean Out Waste</li><li>74. Liquid Sewage Sludge</li></ul>					
	Please provide the following information for all vehicles you  1. VIN - Vehicle Identification Number as it appears On the motor vehicle registration card.	4. VEHICLE TYPE - M = Solid Waste Cab T = Solid Waste Trailer C = Solid Waste Container					
	2. STATE - See Below * 3. LICENSE NO. – Current License Plate Number  VEHICLE IDENTIFICATION NUMBER	S = Solid Waste Single Unit Vehicle 5. INCLUDE COPY OF MOTOR VEHICLE REGISTRATION  STATE * DMV LICENSE PLATE NO. VEHICLE TYPE					
	VEHICLE IDENTIFICATION NUMBER		DNIV LICENSE FLATE NO.	VEHICLE TITE			
ON D							
SECTION							
*N	J - New Jersey NY - New York PA – Pennsylvania	DE – Delawar	e Other States - Use your prope	er 2-letter abbreviatio			
	LOCATION WHERE VEHICLE (S) CAN BE INSPECTED IN NEW JERSEY ONLY - Complete this section only if different from Section A or if Section A, Item 6 is a <b>PO BOX</b> #. <i>Add additional sheets if necessary</i> .						
	Terminal Name:  Address:						
ION E	Terminal Telephone Number (Area Code):						
SECTION	Terminal Name:						
	Address:						
	Terminal Telephone Number (Area Code):						

WASTE TYPES

27. Dry Industrial

Check the type of waste you expect to carry: **WASTE TYPES** 

10. Municipal (Household, Commercial and Institutional)